

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX RETURN

SEQUENCE #1

for CALENDAR year or other taxable year beginning ___/___/___ and ending ___/___/___
Mo Day Yr Mo Day Yr

1992

The Date for this return is the same as the due date for Business Profits Tax (See Instructions)

STEP 1	Name of Corporation, Partnership, Fiduciary or Non-Profit Organization <hr/> Number and Street <hr/> City or Town, State and Zip Code <hr/>		Federal Identification Number <hr/> PRINCIPAL ACTIVITY CODE <hr/> Follow Federal Instructions																																												
STEP 2 Type of Enterprise and Special Return Type	<input type="checkbox"/> Check here if the IRS has made any agreed or partially agreed to adjustments for any Federal Income Tax Return which has not been previously reported to N.H. Years covered by IRS exam: _____ Submit changes under a separate cover.																																														
	<input type="checkbox"/> Corporation (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Fiduciary (4) <input type="checkbox"/> Non-Profit Organization (5)	<input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> FINAL RETURN <input type="checkbox"/> Not required to file a BET return, but required to file a BPT return: Complete your BPT return then PROCEED TO STEP 4.																																													
STEP 3	COMPLETE PAGE 2 BEFORE COMPUTING TAX																																														
STEP 4 Figure Your Balance Due or Overpayment	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">12. (a) Business Enterprise Tax Balance Due [From page 2, line 11(a)]</td><td style="width:10%;">12.(a)</td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:30%;"></td></tr> <tr> <td>12. (b) Business Profits Tax Balance Due (See Instructions)</td><td>12.(b)</td><td></td><td></td><td>12.</td></tr> <tr> <td>13. (a) Business Enterp. Tax OVERPAYMENT [From page 2, line 11(b)]</td><td>13.(a)</td><td></td><td></td><td></td></tr> <tr> <td>13. (b) Business Profits Tax OVERPAYMENT (See Instructions)</td><td>13.(b)</td><td></td><td></td><td>13.</td></tr> <tr> <td colspan="2">14. BALANCE DUE (Line 12 less line 13) Make check payable to: State of New Hampshire</td><td></td><td></td><td>14.</td></tr> <tr> <td>15. OVERPAYMENT (Line 13 less line 12)</td><td>15.</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">16. Apply Overpayment to:</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">(a) Credit towards 1994 tax liability</td><td></td><td></td><td>16. (a)</td></tr> <tr> <td colspan="2">(b) Refund: Please allow 12 weeks for processing</td><td></td><td></td><td>16. (b)</td></tr> </table>		12. (a) Business Enterprise Tax Balance Due [From page 2, line 11(a)]	12.(a)				12. (b) Business Profits Tax Balance Due (See Instructions)	12.(b)			12.	13. (a) Business Enterp. Tax OVERPAYMENT [From page 2, line 11(b)]	13.(a)				13. (b) Business Profits Tax OVERPAYMENT (See Instructions)	13.(b)			13.	14. BALANCE DUE (Line 12 less line 13) Make check payable to: State of New Hampshire				14.	15. OVERPAYMENT (Line 13 less line 12)	15.				16. Apply Overpayment to:					(a) Credit towards 1994 tax liability				16. (a)	(b) Refund: Please allow 12 weeks for processing				16. (b)
12. (a) Business Enterprise Tax Balance Due [From page 2, line 11(a)]	12.(a)																																														
12. (b) Business Profits Tax Balance Due (See Instructions)	12.(b)			12.																																											
13. (a) Business Enterp. Tax OVERPAYMENT [From page 2, line 11(b)]	13.(a)																																														
13. (b) Business Profits Tax OVERPAYMENT (See Instructions)	13.(b)			13.																																											
14. BALANCE DUE (Line 12 less line 13) Make check payable to: State of New Hampshire				14.																																											
15. OVERPAYMENT (Line 13 less line 12)	15.																																														
16. Apply Overpayment to:																																															
(a) Credit towards 1994 tax liability				16. (a)																																											
(b) Refund: Please allow 12 weeks for processing				16. (b)																																											
STEP 5 SIGNATURE <small>Office Use Only</small>	Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.																																														
	Signature <hr/> Title <hr/> Date <hr/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> DEPT.OF REVENUE ADMINISTRATION MAIL TO: DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD, NH 03302-0637 </div>	Signature of Paid Preparer Other Than Taxpayer <hr/> Preparer's Identification Number <hr/> Date <hr/> Preparer's Address <hr/> City or Town, State and Zip Code <hr/>																																													
STEP 6	For next year, instead of receiving a Business Tax Booklet, do you wish to receive just a mailing label that you can give to your preparer? If yes, check here <input type="checkbox"/>																																														

If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income, or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for lines 1, 2 and 3.

1. Dividends Paid	1.			
2. Compensation and Wages Paid or Accrued	2.			
3. Interest Paid or Accrued	3.			
4. Enterprise Value Tax Base (Sum of lines 1, 2 and 3)				4.
5. NH Business Enterprise Tax (Line 4 multiplied by .0025)				5.
6. Credits:				
(a) RSA 162-L:8 Credit	6(a)			
(b) Statutory Credits (See instructions)	6(b)			6.
7. Subtotal (Line 5 less line 6. If negative, enter -0-)				7.
8. Payments:				
(a) Tax paid with Application for Extension	8(a)			
(b) Payments made with original return (Amended return only)	8(b)			8.
9. BALANCE OF TAX DUE (Line 7 less line 8)				9.
10. Additions to Tax:				
(a) Interest (See instructions)	10(a)			
(b) Failure to Pay (See instructions)	10(b)			
(c) Failure to File (See instructions)	10(c)			10.
11.(a) BALANCE OF BUSINESS ENTERPRISE TAX DUE (Line 9 plus line 10)				11. (a)
11.(b) OVERPAYMENT OF BUSINESS ENTERPRISE TAX (Line 8 less line 7, adjusted by line 10)				11. (b)

The Business Enterprise Tax may be taken as a credit against your Business Profits Tax liability. If you are required to file a Business Profits Tax return, STOP HERE and complete the appropriate Business Profits Tax return. Include the Business Enterprise Tax amount from line 5 above on the Business Profits Tax return on the line entitled "BUSINESS ENTERPRISE TAX CREDIT" under STEP 5. Complete your Business Profits Tax return before proceeding to STEP 4 of this return.

IF YOU ARE NOT REQUIRED TO FILE A BPT RETURN, CHECK HERE ☐ AND PROCEED TO STEP 4 OF THIS RETURN.

Schedule A
(Rev. 10/92)

APPORTIONMENT OF INCOME

For CALENDAR year 19 ____ or other tax year beginning ____ mo ____ day ____ yr and ending ____ mo ____ day ____ yr

NAME _____ FEDERAL IDENTIFICATION NO./SOCIAL SECURITY NO. _____

	(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Sales/Receipts Factor
1. SALES/RECEIPTS FACTOR:	1(a) \$ _____	1(b) \$ _____	
Divide 1(b) by 1(a) = _____ x 1.5 (Express as a decimal to 6 places)			1(c) <input style="width:100px" type="text"/>

	(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Payroll Factor
2. PAYROLL:	2(a) \$ _____	2(b) \$ _____	
Divide 2(b) by 2(a) (Express as a decimal to 6 places)			2(c) <input style="width:100px" type="text"/>

	(a) Everywhere (Denominator)		(b) New Hampshire (Numerator)
	Beginning of Period End of Period		Beginning of Period End of Period
Inventory	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	Inventory
Buildings	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	Buildings
Furniture & Fixtures	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	Furniture & Fixtures
Leasehold Improvements	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	Leasehold Improvements
Land	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	Land
Other Tangible Assets	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	Other Tangible Assets
Sub Totals	\$ <input style="width:100px" type="text"/>	\$ <input style="width:100px" type="text"/>	Sub Totals
Average of Sub Totals	\$ <input style="width:100px" type="text"/>		Average of Sub Totals
Rented Property (annual rate x 8)	<input style="width:100px" type="text"/>		Rented Property (annual rate x 8)
Total Property Everywhere 3(a)	\$ <input style="width:100px" type="text"/>		Total New Hampshire Property 3(b)
Divide 3(b) by 3(a) (Express as a decimal to 6 places)			3(c) <input style="width:100px" type="text"/>

4. TOTAL OF LINES 1(c), 2(c), and 3(c)	4. <input style="width:100px" type="text"/>
5. NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 3.5 and expressed as a decimal to 6 places. If there are only one or two factors, then see instructions.	5. <input style="width:100px" type="text"/>

ADDITIONAL INFORMATION

Principal business activity in New Hampshire: _____

Business locations in New Hampshire – location of factories, sales offices, warehouses, etc. (Attach a list if more space is required)

Year first NH return filed: 19 ____ Year registered with NH Secretary of State: ____ State of incorporation (2-letter ID): ____

City, State and Country where records are located: _____

CITY/TOWN

STATE

COUNTRY

Business locations outside New Hampshire. (Attach a list if more space is required)

Location City and State	Indicate whether factory, sales office, warehouse construction site, etc.	Answer Yes or No		
		Registered to do business in state where located?	Files returns in state where located?	Apportion Sales, payroll and/or property in state where located?

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURN

1992

OFFICE USE ONLY

For the CALENDAR year 1992 or other tax year beginning and ending
mo day yr mo day yr

Due Date for CALENDAR year is on or before March 15, 1993 or 15th day of 3rd month after the close of the fiscal period.

STEP 1
Place
LABEL HERE
Otherwise,
please print
or type

Name of Corporation

Number and Street

City or Town, State and Zip Code

FEDERAL IDENTIFICATION NUMBER

PRINCIPAL BUSINESS ACTIVITY CODE

Follow federal
instructions**STEP 2**
Federal
Information
and Special
Return Types☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any Federal Income Tax Return filed by the corporation which has not been previously reported to N.H. Years covered by IRS .
Submit changes under a separate cover with form RP-87-C☐ INITIAL RETURN ☐ AMENDED RETURN ☐ FINAL RETURN ☐ SHORT PERIOD RETURN
ONLY CHECK IF THE BOX APPLIES — SEE INSTRUCTIONS**STEP 3****COMPLETE PAGE 2 BEFORE COMPUTING TAX****STEP 4**
Figure
Your Tax

4. Adjusted Gross Business Profits (From page 2, line 3)	4.	
5. New Hampshire Apportionment (Form RP-80, line 5)	5.	
6. New Hampshire Taxable Business Profits (Line 4 x line 5)	6.	
7. New Hampshire Business Profits Tax (Line 6 x 8%)	7.	

STEP 5
Figure Your
Credits,
Interest
and
Penalties

8. Credits: (a) Tax paid with Application for Extension	8(a)		
(b) Payments from 1992 Declaration of Estimated Tax.	8(b)		
(c) Credit carried over from prior year	8(c)		
(d) Credits allowed under 77-A:5 (Attach Form DP-160)	8(d)		
(e) Payment made with original return (Amended returns only)	8(e)		
(f) Other Credits or payments (Attach schedule)	8(f)		
9. Balance of Tax Due (Line 7 less line 8)	9.		
10. Additions to Tax: (a) Interest	10(a)		
(See instructions) (b) Failure to Pay	10(b)		
(c) Failure to File	10(c)		
(d) Underpayment of Estimated Tax	10(d)		

STEP 6
Figure Your
Balance
Due or
Overpayment

11. Balance Due (Line 9 plus line 10.) Make check payable to: State of New Hampshire	11.	
(If less than \$1.00 do not pay but still file the return)		
12. Overpayment (Line 8 less line 7 adjusted by line 10, if applicable)	12.	
13. Apply Overpayment to: (a) Credit on 1993 Estimate	13(a)	
(b) Refund: Please allow 12 weeks for processing.	13(b)	

STEP 7
Signature(s)**THIS RETURN MUST BE ACCOMPANIED BY A COMPLETE AND LEGIBLE COPY OF THE APPROPRIATE FORM 1120 U.S. CORPORATION INCOME TAX RETURN, PAGES 1 THROUGH 4, CONSOLIDATING SCHEDULES, AND SUPPORTING SCHEDULES FOR THE SAME TAXABLE PERIOD.**

OFFICE USE ONLY

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature of Officer

Date

Signature of Paid Preparer Other than Taxpayer

Date

Title

Preparer's Identification Number

MAIL TO:

DEPT. OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
61 SOUTH SPRING STREET, P.O. BOX 637
CONCORD, NH 03302-0637

Preparer Address

City or Town, State, and Zip Code

STEP 8For next year, instead of receiving a Business Profits Tax Booklet, do you wish to receive just a mailing label that you can give to your preparer? If yes, check here ☐

- A. Date of Incorporation

mo	day	yr
----	-----	----
- B. Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes ☐ No ☐
- C. Does the corporation file as part of a unitary group in any other jurisdiction? Yes ☐ No ☐
- D. Is this a "combined" business profits tax return? Yes ☐ No ☐ If yes, do not complete this return. You must file a NH-1120-WE return. See general instructions concerning unitary filers.

1. Gross Business Profits:

(a) Taxable income before net operating loss deduction and special deductions (See instructions and attach copy of federal return). 1(a)

--	--

(b) Separate entity or passive loss limitation adjustments (see instructions). . . 1(b)

--	--

(NOL) (c) N.H. Gross Business Profits [combine 1(a) and 1(b)] 1(c)
If a loss attach form RP-131

--	--

NOTE: If line 1(a) shows a loss, Form RP-131 must be filed. Failure to attach Form RP-131 will result in an incomplete return. Initial here _____ if you wish to waive your right to carry forward this year's net operating loss. If you waive this right, you are not required to file Form RP-131.

2. Additions and Deductions

(a) Add back income taxes or franchise taxes measured by income 2(a)
(Attach schedule of taxes by state)

--	--

(b) "Safe Harbor" or other similar leases (RSA 77-A:4-a and 2(b)
Rev. 303.01. Attach schedule showing computation)

--	--

(c) N.H. Net Operating Loss Deduction (Attach Form RP-132). 2(c)

()
---	---

(d) Interest on U.S. obligations 2(d)

()
---	---

(e) Wage adjustment required by I.R.C. Section 280C(a). 2(e)

()
---	---

(f) Deductible dividends (See instructions) 2(f)

()
---	---

(g) Other non-unitary income net of related expenses 2(g)
(Attach schedule giving name, Federal I.D. No., and amount by payor)

()
---	---

(h) Distribution from joint venture or partnerships subject to N.H. taxation. . . 2(h)
(Attach schedule giving name, Federal I.D. No., and amount distributed)

()
---	---

(i) Foreign dividend gross-up (I.R.C. Section 78). 2(i)

()
---	---

(j) Research contribution 2(j)
[See RSA 77-A:4 XII (Attach computation)]

--	--

(k) Combine lines 2(a) through 2(j). 2(k)

--	--

3. Adjusted Gross Business Profits [Line 1(c) as adjusted by line 2(k)] 3.

--	--

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX

SMALL BUSINESS CORPORATIONS
COMPUTATION OF "S" CORPORATION GROSS BUSINESS PROFITS

FOR CALENDAR YEAR 19 _____

NAME

FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER

-

1. Income and Deductions from Federal Form 1120S. Show all losses in brackets, i.e. (50).

(a) Ordinary Income (loss) from trade or business activities
(Federal Form 1120S, Page 1, Line 21) 1(a)

(b) Net income (loss) from rental real estate activities
(Federal Form 1120S, Schedule K, Line 2) 1(b)

(c) Net Income (loss) from other rental activities
(Federal Form 1120S, Schedule K, Line 3c) 1(c)

(d) Portfolio Income (loss) such as but not limited to
interest, dividend or royalty income
(Federal Form 1120S, Schedule K, Lines 4 a, b, c & f) 1(d)

(e) Capital gain (loss) on the sale of assets
(include IRC Section 1231 gain)
(Federal Form 1120S, Schedule K, Lines 4 d & e, 5) 1(e)

(f) Other income (loss) from "S" Corporation activities
not included above
(Federal Form 1120S, Schedule K, Line 6) 1(f)

(g) Other "S" Corporation expenses shown on Federal Form 1120S,
Schedule K, Lines 7, 8, 9 & 10
(Refer to Rev 302.01 for limitations) 1(g)

(h) Total "S" Corporation Income and Deductions (combine lines 1(a) through 1(g)) 1(h)

2. Other deductions not included in "S" Corporation return allowable to "C" Corporations
under Internal Revenue Code. (Attach supporting schedule) 2

3. "S" Corporation Gross Business Profits or Loss
(Combine line 1(h) and 2. Enter here and on Page 2, Line 1 of NH 1120) 3

OFFICE USE ONLY

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) ANNUAL REPORT

USE THIS FORM IF YOUR CURRENT TAX YEAR REFLECTS A LOSS FOR NEW HAMPSHIRE GROSS BUSINESS PROFITS. RSA 77-A:4 REQUIRES THE CARRYBACK OF AN NOL FOR THREE YEARS BEFORE ANY AMOUNT IS ELIGIBLE FOR THE FIVE YEAR CARRYFORWARD. THIS FORM MUST BE ATTACHED TO YOUR NEW HAMPSHIRE TAX RETURN FOR THE YEAR OF LOSS.

For the CALENDAR year 19 ____ or other tax year beginning ____ and ending ____

mo day yr mo day yr

Taxpayer's Name

Federal Identification No./Social Security No.

1. The amount of the current year's net operating loss (See instructions) 1

	(A) Three years prior to current year. Tax year ended: ____/____/____	(B) Two years prior to current year. Tax year ended: ____/____/____	(C) One year prior to current year. Tax year ended: ____/____/____
2. N.H. Gross Business Profits for each of the prior three years: (Show zero if loss).	____/____/____	____/____/____	____/____/____
3. LESS: NOL carryback from any prior year used against these profits (if any).	____/____/____	____/____/____	____/____/____
4. N.H. Gross Business Profit after NOL carrybacks for each year (Line 2 minus line 3) Enter zero if negative	____/____/____	____/____/____	____/____/____

5. Add lines 4(A), 4(B) and 4(C) 5

6. Combine lines 1 and 5. If the result is zero or greater enter the amount on line 6(A).

If the result is less than zero enter the amount on line 6(B).

(A) Excess prior year Income 6(A)

(B) Excess Loss 6(B)

If income appears on line 6(A) STOP here — you do not have a net operating loss to carry forward for the current year.

7. Current year's apportionment percentage from Form RP-80, expressed in decimal form, computed to 6 places 7

8. Apportionment limitations (Multiply line 6(B) by line 7) 8

9. Statutory limitations 9

\$ 250,000

10. N.H. Net Operating Loss (the lesser amount of line 8 or line 9) 10

Instructions

Line 1: Enter this period's net operating loss. To determine which line on your Business Profits Tax form represents a net operating loss for the purpose of filing Form RP-131, look for this symbol. **(NOL)** on page 2 of your return. If the line marked **(NOL)** indicates a gain or -0-, then do not complete Form RP-131. If the line marked **(NOL)** indicates a loss, then a completed Form RP-131 must be filed with your return. If you waive your right to carry forward this year's net operating loss, then you are not required to file Form RP-131. To waive this right, initial the note box under the **(NOL)** line on page 2 of your return.

Business organizations not qualifying for treatment as a Subchapter C corporation under the US IRC should calculate their net operating loss as if the business organization were a Subchapter C corporation.

Line 2: Enter the amount of the NH Gross Business Profits (Loss) for each of the prior three tax periods. Enter 0 if a loss. Show the earliest year in column A, followed by the next earliest year in column B and then the immediate prior year in column C.

Line 3: Enter the amount of NOL carryback from any prior year that was used to offset operating profits in the tax years shown in columns (A), (B) or (C) (if any). The amount under each column should not be greater than the profits shown on line 2. The NOL is effective for losses incurred after 1/1/89.

Line 4: In each of the respective columns; enter the total of line 2 minus line 3. Enter -0- if negative.

Line 5: Enter the total of line 4(A) + 4(B) + 4(C).

Line 6: Combine the amounts on line 1 and line 5. If the result is -0- or greater enter the amount on line 6(A) and STOP HERE. You **DO NOT** have an NOL to carry forward for the current year.

If the total of line 1 and line 5 is less than -0-, enter this amount on line 6(B).

Line 7: Enter on line 7 the current year's NH apportionment from Form RP-80, computed to 6 decimal places. If Form RP-80 is not required, then enter 1.0.

Line 8: Enter the amount of line 6(B) multiplied by line 7.

Line 9: \$250,000 is the maximum amount that may be carried forward in a loss year.

Line 10: Enter the lesser of line 8 or line 9. This is your NH NOL available from the current year for a five year carryforward.

OFFICE USE ONLY

FORM**RP-132**

Rev 10/82

**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTION**

**WHEN
TO USE
THIS FORM**

Use this form to detail the Net Operating Loss Carryforward amounts included in the current tax year net operating loss deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the NH tax return in the year the NOL deduction is claimed.

For the CALENDAR year 19 _____ or other taxable year beginning _____ and ending _____
mo day yr mo day yr

Taxpayer's Name

Federal Identification No./Social Security No.

(A) Ending Date of tax year in which NOL occurred, from Form RP-131	(B) NOL amount available for five year carryforward period from Form RP-131, line 10. (Cannot exceed \$250,000 per year.)	(C) Amount of NOL carryforward which has been used in tax years prior to this tax year	(D) Amount of NOL to be used as a deduction this tax year	(E) Amount of NOL to carryforward in future years
Mo Day Yr				
1				
2				
3				
4				
5				

6. Amount of NOL Carryforward deducted this tax year. (Sum of column D lines 1-5)

This is the amount to be reported on applicable Business Profits Tax return. This amount cannot exceed the NH Adjusted Gross Business Profits before the Net Operating Loss Deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E)

IMPORTANT:

A NH Net Operating Loss may be carried forward for five years following the loss year provided, however, that no loss amounts incurred prior to January 1, 1989 shall be used to calculate the NOL Deduction.

Rev 303.04(c) - Carryback Of Loss Required. For purposes of calculating the amount of any net operating loss deduction allowed under RSA 77-A:4, XIII, section 172 of the Internal Revenue Code, shall be followed, except that,

- (1) Any loss amount shall first be carried back to those tax years required by the Internal Revenue Code without application of the election in section 172 (b)(3) and applied to any income in the carry back tax years, before any remaining loss is carried forward as a net operating loss deduction.
- (2) The carry back of losses as provided in (1) above shall result in neither an allowable net operating loss deduction in the carry-back years nor a refund of previously paid taxes. Amended returns filed for such purpose shall be prohibited.
- (3) The business organization's failure to carry back net operating losses and apply them to the income of prior profitable years shall result in the loss being presumed to be fully absorbed in the carryback year(s).

OFFICE USE ONLY

FORM

DP-160

Schedule CR
(Rev. 9/92)

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
SCHEDULE OF BUSINESS PROFITS TAX CREDITS
RSA 77-A:5

For the CALENDAR year 19____, or other tax year beginning ____ and ending ____

mo day yr mo day yr

Name of Corporation or Partnership, Estate or Trust			Federal Identification Number
Last Name (Proprietorship only)	First Name	Initial	Social Security Number (Proprietorship Only)
Spouse's Last Name (Proprietorship only)	First Name	Initial	Spouse's Social Security Number (Proprietorship Only)

1. Taxes paid pursuant to RSA 83-C Franchise Tax on Public Utilities	1.		
2. Taxes paid pursuant to RSA 84 Taxation of Banks	2.		
3. Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies	3.		
4. Taxes paid pursuant to RSA 83-D Taxation of Nuclear Station Property	4.		
5. Job Creation Tax Credit: (Effective 7/1/92 for taxable periods ending on or after 7/1/92)			
(a) Total Job Creation Tax Credit available (See instructions)	5(a)		
(b) Total NH Business Profits Tax \$ _____ x 5%	5(b)		
(c) Enter the lesser of line 5(a) or 5(b)	5(c)		
6. Capital Expenditure Tax Credit: Effective 7/1/91 for taxable periods ending on or after 7/1/91 but only for capital expenditures incurred on or after 7/1/91			
(a) Total Capital Expenditure Tax Credit available (See instructions)	6(a)		
(b) Total NH Business Profits Tax \$ _____ x 5%	6(b)		
(c) Enter the lesser of line 6(a) or 6(b)	6(c)		
7. Community Development Authority Credit (See instructions)	7.		
8. Total Credits allowable, pursuant to RSA 77-A:5 (Sum of Line 1 through Line 7)	8.		
9. Total NH Business Profits Tax	9.		
10. Total amount of allowable credits (Enter the lesser of line 8 or line 9)	10.		

Total amount of these credits shall not exceed the tax due under RSA 77-A.